

VERIFICATION OF WORK EXPERIENCE FOR OCCUPATION-BASED CAREER AND TECHNICAL EDUCATION CERTIFICATION

SECTION I. Record of Personal Information and Preparation to be completed BY APPLICANT (type or print)

A. PERSONAL INFORMATION

SSN: _____ Date of Birth: _____

Last Name: _____ Suffix: _____

First Name: _____ Middle: _____

Maiden Name: _____ Gender: ☐ Male ☐ Female

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (_____) _____ ☐ Home ☐ Mobile

Primary E-mail address: _____

Secondary E-mail address: _____

B. COLLEGE ATTENDANCE RECORD – list all applicable degree programs

(attach additional pages if needed)

Attach official transcripts

KDE use only		
Entrance Exam:		
<input type="checkbox"/> Exempt from KYOTE		
KYOTE Date Tested: _____		
Math _____ Reading _____ Writing _____		
<input type="checkbox"/> Exempt from NOCTI		
NOCTI test date: ____/____/____ OR		
NOCTI specialty test area: _____		
Beginning date of Employment: ____/____/____		
FEES per 16 KAR 4:040		
1.	One (1) year certificate	-0-
2.	Issuance, reissuance, or renewal of regular certificate (including addition of area or rank change) – Five (5) year	\$85.00
3.	Synchronization option for aligning multiple certifications (must meet applicable renewal requirements)	Addl. \$15.00

College/University	Address	Dates of Attendance				Total semester hours or degrees awarded
		From M	Y	To M	Y	

SECTION II. Certificate Request and Official Recommendation of Employer

A.1. TYPE OF CERTIFICATE REQUESTED

☐ Initial Issuance of one-year certificate ☐ Renewal of 5-year certificate (adding area to existing certificate)

A.2. SUBJECT AND SCHOOL

Subject Area: _____ School: _____

A.3. RANK

☐ Rank 3 ☐ Rank 2 ☐ Rank 1

B. RECOMMENDATION OF EMPLOYER

I recommend the issuance of the appropriate teaching certificate and rank in the name of the applicant if state requirements have been satisfied.

Local School District Superintendent or ATC Principal Signature: _____

Date: _____ District: _____ District Telephone number: (_____) _____

NAME: _____

SSN: _____

SECTION III: Record of Occupation Based Experience**This page may be duplicated as needed**

Please list your most recent position held followed by subsequent work histories and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately. If you changed positions within the same organization and your duties changed, describe each job in a separate block. When listing duties, list those that took most of your time first.

Most Recent Work Experience				Duties:
Title of Position				(List those that took the most of your time first)
Dates Employed From		Employed To		
Average Hours/Week				
Reason for Leaving				
Name of Employer				
Employer's Address				
Type of Business				
Employer's Phone Number				
Supervisor's Name and Title				
Supervisor's Phone #				
Next Work Experience				Duties:
Title of Position				(List those that took the most of your time first)
Dates Employed From		Employed To		
Average Hours/Week				
Reason for Leaving				
Name of Employer				
Employer's Address				
Type of Business				
Employer's Phone Number				
Supervisor's Name and Title				
Supervisor's Phone #				
Next Work Experience				Duties:
Title of Position				(List those that took the most of your time first)
Dates Employed From		Employed To		
Average Hours/Week				
Reason for Leaving				
Name of Employer				
Employer's Address				
Type of Business				
Employer's Phone Number				
Supervisor's Name and Title				
Supervisor's Phone #				